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DATE NOTICE SENT TO ALL PARTIES: May/12/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: psychiatric diagnostic interview (1 hour)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Psychiatry

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is the opinion of the reviewer that the request for psychiatric diagnostic interview (1 hour) is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date he fell while stepping down off a machine. The patient has tried physical therapy, epidural steroid injections and medication management. MMI report dated 12/29/14 indicates that the patient was found to be at maximum medical improvement with 10% whole person impairment rating. Initial behavioral medicine consultation dated 02/25/15 indicates that medications include atorvastatin calcium, citalopram, metformin, Nortriptyline, pyridoxine, ranitidine and Tramadol. His mood was dysthymic and affect was constricted. BDI is 23 and BAI is 14. FABQ-W is 42 and FABQ-PA is 24. Diagnoses are somatic symptom disorder with predominant pain, persistent, moderate; and major depressive disorder, single episode, severe with anxious distress. The patient was recommended to undergo left L5-S1 microdiscectomy. Note dated 03/12/15 indicates that the patient complains of low back pain.

Initial request for psychiatric diagnostic interview 1 hour was non-certified on 03/30/15 noting that the patient underwent initial assessment on 02/25/15 and there is no clear rationale provided to support a psychiatric diagnostic interview at this time. Reconsideration request dated 04/09/15 indicates that the request is for the specific purpose of establishing a psychiatric/psychological impairment rating. The goal is to see if he presents with any psychosocial stressors that would exclude him from undergoing surgery. The denial was upheld on appeal dated 04/16/15 noting that the patient underwent a behavioral assessment on 02/25/15, and although the patient may require some psychological evaluations and interventions postoperatively, the request for preoperative psychological counseling is not supported by the guidelines. At this time, the patient underwent an initial assessment on 02/25/15 and there was no indication of complex or confounding issues to support the request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient underwent initial behavioral medicine consultation on 02/25/15 followed by a course of individual psychotherapy. There

are no individual psychotherapy progress notes submitted for review. The patient has been recommended for lumbar microdiscectomy and for pre-surgical psychological testing to see if the patient presents with any psychosocial stressors that would exclude him from undergoing this procedure. However, the Official Disability Guidelines do not require psychological clearance prior to the performance of microdiscectomy. Given that the previous assessment was performed less than 3 months ago, medical necessity is not established for repeating the interview at this time. As such, it is the opinion of the reviewer that the request for psychiatric diagnostic interview (1 hour) is not recommended as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)